

STATINTL

James A. Garrison

Washington, D. C.



17 May

53

18 June 1110

53

Travel Order LO 330/53

(Travel via airlines procured by Agency, stubs and unused tickets attached)

629.25

in excess of that purchased by Agency 53.19

50.60

\$732.98

24 June 1953

James A. Garrison

Asst. Deputy Director/ Admin.

L. K. WHITE

Approved For Release 2001/08/30 : CIA-RDP78-03985A001100010013-1

## SCHEDULE OF EXPENSES AND ITINERARY OF TRAVELER

**INSTRUCTIONS:**

1. Show itinerary, time of departure from and arrival at each point, in chronological order.
2. Computation of per diem should be based upon itinerary.
3. Itemize travel and incidental expenses by day and fully explain.
4. Appropriate receipts or explanations must be furnished to support each cash disbursement.

DATE 19....	CHARACTER OF EXPENDITURE	AMOUNT CLAIMED			
		PER DIEM		TRAVEL AND INCIDENTAL EXPENSES	OTHER
<b>TOTALS</b>					

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## TRAVEL VOUCHER

STATINT NAME OF PAYEE

STATION

James A. Garrison

Washington 25, D. C.

ADDRESS

I hereby claim reimbursement for per diem in lieu of subsistence, travel and/or other expenses incurred by me in the discharge of official duties for the period from May 17 0730 1953, to June 18 1110 1953, inclusive, as per itemized statement hereon. The justification and authority for this claim is as follows:

Travel Order LO 370/53

## AMOUNT CLAIMED

(See reverse side for complete itinerary and detailed itemization of expenses)

Per diem	@	\$ <u>622.73</u>
Travel and incidental expenses	( <u>Air travel procured by Agency</u> <u>at ba attached</u> )	<u>53.13</u>
Other		<u>50.60</u>
<b>TOTAL</b>		<b><u>726.46</u></b>

I CERTIFY that the expenses itemized on this voucher were necessarily incurred by me in connection with official business of a confidential nature, and that I have not been, nor will I be, reimbursed therefor from any other sources, Government or private; and that this voucher and attachments, if any, are true and correct in all respects.

24 June 1953

(Date)

JAMES A. GARRISON

(Signature of Payee)

## APPROVED:

(Date)

ADD/A

(Title)

L. E. WHITE

(Signature)

## CERTIFICATION:

I CERTIFY that this voucher has been examined by me; that receipts or other substantiating data have been furnished me, or satisfactory explanation made for the failure to furnish same; that it appears from such data that the itemized expenditures were for necessary official purposes, reimbursement for which is allowable under existing regulations; and that such expenditures are properly chargeable to available appropriations as indicated below.

(Date)

(Authorized Agent)

(Authorized Certifying Officer)

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**TRAVEL VOUCHER**

NAME OF PAYEE

STATION

ADDRESS

I hereby claim reimbursement for per diem in lieu of subsistence, travel and/or other expenses incurred by me in the discharge of official duties for the period from ..... 19....., to ..... 19....., inclusive, as per itemized statement hereon. The justification and authority for this claim is as follows:

\_\_\_\_\_

\_\_\_\_\_

**AMOUNT CLAIMED**

(See reverse side for complete itinerary and detailed itemization of expenses)

Per diem ..... @ ..... \$ .....

Travel and incidental expenses .....

Other .....

**TOTAL** .....

I CERTIFY that the expenses itemized on this voucher were necessarily incurred by me in connection with official business of a confidential nature, and that I have not been, nor will I be, reimbursed therefor from any other sources, Government or private; and that this voucher and attachments, if any, are true and correct in all respects.

(Date)

(Signature of Payee)

**APPROVED:**

(Date)

(Title)

(Signature)

**CERTIFICATION:**

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(Date)

(Appropriation Officer)

(Authorized Certifying Officer)

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## TRAVEL VOUCHER

NAME OF PAYEE

STATION

ADDRESS

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\_\_\_\_\_

\_\_\_\_\_

## AMOUNT CLAIMED

(See reverse side for complete itinerary and detailed itemization of expenses)

Per diem ..... @ ..... \$ .....

Travel and incidental expenses .....

Other .....

TOTAL .....

I CERTIFY that the expenses itemized on this voucher were necessarily incurred by me in connection with official business of a confidential nature, and that I have not been, nor will I be, reimbursed therefor from any other sources, Government or private; and that this voucher and attachments, if any, are true and correct in all respects.

(Date)

(Signature of Payee)

## APPROVED:

(Date)

(Title)

(Signature)

## CERTIFICATION:

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(Date)

(Appropriation Officer)

(Authorized Certifying Officer)



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**TRAVEL VOUCHER**

NAME OF PAYEE

STATION

ADDRESS

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\_\_\_\_\_

\_\_\_\_\_

**AMOUNT CLAIMED**

(See reverse side for complete itinerary and detailed itemization of expenses)

Per diem \_\_\_\_\_ @ \_\_\_\_\_ \$ \_\_\_\_\_

Travel and incidental expenses \_\_\_\_\_

Other \_\_\_\_\_

**TOTAL** \_\_\_\_\_

I CERTIFY that the expenses itemized on this voucher were necessarily incurred by me in connection with official business of a confidential nature, and that I have not been, nor will I be, reimbursed therefor from any other sources, Government or private; and that this voucher and attachments, if any, are true and correct in all respects.

(Date)

(Signature of Payee)

**APPROVED:**

(Date)

(Title)

(Signature)

**CERTIFICATION:**

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(Date)

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4.5 C  
1.5 C  
3.0 C  
6.0 C  
1 2 0 C  
1 2 0 C  
9.0 C  
2.0 C  
5.0 C  
0.0 C  
1 5.0 C

6.0 C  
1.5 C  
3.0 C  
3.0 C  
0.0 C  
0.0 C  
0.0 C  
0.0 C  
0.0 C  
0.0 C

9.0 C  
9.0 C  
7.5 C  
1.5 C  
4 8.0 C  
9.0 C  
1.5 C  
1 2.0 C  
1 2.0 C  
1 2.0 C

6.0 C  
3.5 C  
7.0 C  
3.5 C  
3.0 C  
1 4.0 C  
7.0 C  
3.0 C  
3.0 C

3 0 9.2 5 \*  
3 20.20 \*

2.1 5  
1.8 4  
7 7  
1 0.9 4  
7 0  
1.7 6  
2 0.7 2  
4.5 0  
1.7 9  
1.7 9  
1.7 5  
3.5 7  
8 5  
5 3.1 3 \*

4 8.5 0  
1.5 0  
4 0  
2 0  
5 0.6 0 \*

629.25  
53 13  
50 60  
732 98